

cases, but that this high rate of mortality is due chiefly to the bad condition of the patient at the time, the operation having been too long delayed, and that it will not be difficult in the future to reduce the mortality by avoiding this error, and by making the operation as brief as possible. By operating earlier, we shall not only have the patient in better condition, but we shall avoid the dangers of peritonitis and gangrene of the gut, and the difficulties caused by excessive tympanites. A short, simple operation gives almost the only hope of success, and the earlier the operation is performed, the shorter and simpler it may be made.

THE HISTORY OF ABDOMINAL SECTION IN ALBANY, WITH A REPORT OF SEVENTY- FIVE CASES.

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BELIEVING that the time has come when every case of abdominal section should be reported, I have endeavored to give in this paper an accurate report of the work done in Albany. While I could wish that this history presented better results, I am convinced that it fairly represents the early struggles of this branch of surgery in this country.

Though the mortality was great during the first years of our work in this line, I am satisfied that, by an honest presentation of facts, we can convince our patients and their friends that we have reached such a degree of success as to be able to offer them every encouragement to have an early operation. I believe it to be the duty of every operator to collect from his own medical territory every case favorable or not, and give it to the world, and I venture to predict that the statistics so collected will demonstrate the fact that there must, and will be surgical centres for doing this branch of surgery. Undoubt-

edly the success that has attended the operation of ovariectomy in England, has been largely due to the few operators who have been engaged in the work, and to the fact that the country there is not so vast, but that the afflicted English woman has been able to reach these centres promptly, and by the success that has followed, her sisters have also been induced to undergo an early operation. Our American women are entitled to this same degree of confidence and hope, and, American operators can now give it to them.

I think I will be supported in my opinion that ovarian cases are more numerous among the laboring classes and those of moderate means than among the wealthy. Hence, the item of expense must be considered by nearly all who are so afflicted, and as the expense of reaching and remaining in great medical centres is so great, many will be deprived of the relief they might obtain were they able to go beyond a moderate distance from their homes. For this difficulty we have but one remedy. Owing to the great extent of our country, we must have, for doing this work, a proportionately greater number of operators and surgical centers than are required abroad.

While there will be some who will rise to eminence in this field, a large proportion of the labor must be done by the more modest workers. As America is first in much that pertains to progress in science and art, I am convinced that she will soon lead in the practice of abdominal surgery, and I believe that this period will be reached during the lives of some who are here today. This practice is in its infancy, and as it progresses, we will find as good original thinkers and workers, and as skilful operators as can be found in England, France, Germany or elsewhere.

It is, at the present time, possible for the general surgeon to be a success as a general practitioner in medicine; but whoever attains any great degree of success in abdominal surgery must largely sacrifice all other interests and become a specialist.

In an experience much more limited than that of some of my confreres, personal sacrifices have taught me this, and the study of the professional lives of such men as Atlee, Peaslee, Kimball

Beyond a doubt rooms can be provided in a general hospital, and, if kept only for such work, are a thoroughly safe place for performance of the operation, and yet, one can not help believing that a strictly private hospital for such work is, perhaps, the best. The doing of such an operation at the house of the patient increases the risk of non-recovery. In this respect, however attentive the surgeons may be, and however good the attendance of the trained nurses employed, still the friends of the patient will in some way bring about an interference that is disastrous too frequently.

In the treatment of fibroids one can not help indorsing all of Mr. Thomas Keith's writings, governed by his experience, which has been so extensive. Supra-vaginal hysterectomy is an operation that is likely to grow less frequent, but, in the use of electricity we have a curative agent that promises to be of great service.

My experience leads me to believe that aside from the soft myomas, the removal of the uterine appendages does have the desired effect in bringing about the menopause and saving the life of patient from the exhaustion of severe hæmorrhages.

Finally, I wish to record my regrets at the criticisms which surgeons in this country have made upon Mr. Tait's work. I am sure did they know the man better, and understand his methods more thoroughly, they would be more charitable in the future than they have been in the past.